



ALABAMA BOARD OF NURSING
RSA PLAZA, STE 250
770 WASHINGTON AVE
MONTGOMERY, AL 36130-3900



MAILING ADDRESS:
P.O. Box 303900
MONTGOMERY, AL 36130-3900

MEMORANDUM

TO: Potential Providers

FROM: Katie Drake-Speer, MSN, RN
Nurse Consultant
Continuing Education

SUBJECT: **Provider Application Forms**

Enclosed are the continuing education provider application forms that you requested from the Board of Nursing. Please complete in full and submit the forms according to the instructions. To facilitate your application process and program implementation, please visit our web page at www.abn.alabama.gov to view Alabama Board of Nursing Administrative Code, Chapter 610-X-10 regulations.

A continuing education (CE) provider fee of \$400 is now required for entities seeking to become a provider (Alabama Board of Nursing Administrative Code, Chapter 610-X-4.13). The application process takes approximately 6-8 weeks to complete.

Please contact me, 334/242-4058 or kdrake-speer@abn.state.al.us if you should need assistance in the application process or in implementing the criteria for providers. Thank you for your interest.

KDS

ALABAMA BOARD OF NURSING
State of Alabama
Montgomery, Alabama 36130

GUIDELINES FOR PROVIDERS OF CONTINUING EDUCATION FOR NURSES

The Alabama Board of Nursing requires that potential providers (1) affirm the capability of meeting the Criteria for Providers; and (2) provide assurance of adhering to the Criteria for Providers established under 610-X-10-.03 of the Administrative Code. To provide affirmations and assurances the attached application and affidavits must be completed and signed by an authorized administrator, notarized and returned to the Board of Nursing office. A complete application must accompany the title page and affidavit in order for the Board to consider assigning a nontransferable provider number to the applicant. The following definitions and criteria should be used to complete the application process.

610-X-2-.10 Definitions:

- (1) Board Approved Continuing Education Provider: An individual; partnership; association; organization; educational institution; governmental agency; or licensed health care facility, including hospitals, nursing homes, clinics, home health agencies, or other organized health care facilities, offering continuing education for nurses that meet Board criteria for approval.
- (2) Board Recognized Continuing Education Provider: A national or regional agency, journal, Alabama regulatory agency or board, or another Board of Nursing recognized by the Alabama Board of Nursing as providing or approving continuing education in accordance with criteria that are substantially the same as those required of Alabama Board of Nursing approved providers of continuing education.
- (3) Board Approved or Board Recognized Continuing Education Course: An activity that meets the definition of continuing education and has undergone approval by a Board approved provider or Board recognized provider of continuing education. A course or activity may be a program of multiple sessions or a single session lasting at least twenty-five minutes (0.5 contact hours).
- (4) Continuing Education: Planned, organized learning experiences designed to augment the knowledge, skill, and attitudes for the enhancement of the practice of nursing to the end of improving health care to the public.
- (5) Continuing Education Contact Hour: Unit of measurement of continuing education that meets Board criteria for approval and lasts at least fifty minutes
- (6) Continuing Education Earning Period: Two-year period of time during which contact hours must be accrued. This period extends from October 1 of each license renewal year through September 30 of each succeeding license renewal year. The license renewal year for licensed practical nurses occurs every odd year. The license renewal year for registered nurses occurs every even year.
- (7) Independent Study for Continuing Education: Self-directed learning experience carried out by the participant in an unstructured or structured setting including but not limited to, self-study; programs in nursing journals; video, computer, or on-line continuing education programs; designing and conducting a research study; and development or presentation of a paper that meets Board approved criteria.

- (8) Provider Number: A permanent, nontransferable number assigned by the Board to designate an approved provider.
- (9) Refresher Course: A body of study with both theoretical and clinical components that are relevant to current practice modalities and technologies.

CRITERIA FOR PROVIDERS AND ADMINISTRATIVE GUIDELINES

610-X-10-.03(1) Standards for Providers.

- (1) The Board approved provider is accountable for:
 - (a) Demonstrating capability to meet and adhere to Board established standards to assure the provision of quality continuing education activities for nurses; and
 - (b) The veracity and accuracy of continuing education provided; and
 - (c) Compliance with the standards set forth in this chapter.

610-X-10-.03 (2) Educational Unit.

There shall be within the provider's organized structure an identifiable educational unit with designated qualified personnel and resources for conducting an organized plan of continuing education for nurses. There shall be evidence of sufficient financial resources to administer the educational unit.

- 1. An organizational chart clearly shows the relationship between the continuing education unit and the parent organization (or senior authority when the agency's only function is to provide continuing education), including line and reporting relationships.
- 2. The identity of the division is evidenced by a written mission statement that outlines the functions, structure, processes and philosophy that guide the operations of the continuing education program.
- 3. The division consists of one or more individuals, and job descriptions clearly describe the continuing education role. Further, job descriptions specify qualifications, continuing education responsibilities and accountability of personnel.
- 4. Fiscal resources are adequate to support staff and provide other resources necessary to meet course criteria.

610-10-.03 (3) Program Director.

There shall be a program director who is responsible for the planning, development, implementation, and evaluation of the continuing education provider unit. The program director may be a registered nurse or otherwise qualified individual. When the program director is not a registered nurse, there shall be evidence of nursing consultation to facilitate planning, development, and evaluation of continuing education courses in nursing. Such consultation may be instituted through a representative committee or an individual registered nurse.

- 1. The program director's curriculum vitae are available and evidence qualifications to plan, develop, implement and evaluate nursing continuing education courses.

2. A job description is written and evidences the responsibilities of the program director.
3. When nursing consultation is instituted through a representative committee, written guidelines shall evidence purpose, functions, roles, and relationships of the committee. Functions include but are not limited to need assessments, planning, facilitation and evaluation of continuing education activities.

610-X-10-.03(4) Mission and Objectives.

The mission and objectives for the continuing education provider unit shall be written and available for review.

1. The mission is written and evidences commitment to continuing education, principles of adult learning, and enhancement of nursing practice to the end of improving health care for the public.
2. The objectives emanate from the mission and are written in terms from which administrative and course outcomes can be measured.

610-X-10-.03 (5) Policies and Procedures shall:

- (a) Be written, current, and structured to facilitate the implementation of planned continuing education activities.
- (b) Clearly define the provider's accountability, financial support, and administrative control necessary to maintain the Board's standards.
- (c) Include:
 - (i) Assessment of need for continuing education activities,
 - (ii) Plan for and evaluation of individual continuing education activities or courses,
 - (iii) Plan for the evaluation of the continuing education provider unit's operations and outcomes,
 - (iv) Fee assessments,
 - (v) Advertisements or announcements of activities,
 - (vi) Instructor qualifications,
 - (vii) Classification systems for activities if applicable,
 - (viii) Records maintenance,
 - (ix) Course approval, and
 - (x) Processes for awarding contact hours.

610-X-10-.03 (6) Reports and records shall:

- (a) Demonstrate ability to implement policies on application for approval of initial providership, or actual implementation of the policies for applicants seeking continued approval.
- (b) Validate compliance with provider criteria, including but not limited to approvals, attendance of participants, and evaluations of the courses.
- (c) Be maintained for a minimum of four years.

1. A permanent record is maintained regarding the approval status of the provider.
2. Permanent records are maintained for all courses, course outlines, instructor qualifications, all course numbers assigned by the provider and contact hours awarded.
3. Records of attendance of participants, courses attended and corresponding evaluations are maintained at least four years.
4. Information provided on continuing education records of participants includes:
 - a. Name and address of the institution.
 - b. Name and social security number (or other numerical identification) of the Individual participant,
 - c. Title of the program or activity.
 - d. Completion date of the program or activity.
 - e. Number of contact hours awarded.
 - f. Signature (or designated signature) of the contact person responsible for program/course.
 - g. Statement of provider status and/or Board assigned provider number and Board assigned or provider assigned course number.
5. Records are made available to participants upon request.

610-X-10-03 (7)

Effective January 1, 2006, approved providers shall submit electronic records of contact hours awarded to registered nurses or licensed practical nurses to the Board in a format and method specified by the Board.

610-X-10-03 (8) Educational Facilities and Resources.

The provider shall have accessible and available, educational facilities, human resources, instructional aids, and equipment for the planners, instructor(s) and learners consistent with the educational content, format, teaching methodology, and behavioral objectives of each course.

1. The facility is appropriate in size for the number of attendees and addresses adult learners' needs.
2. Physical facilities are selected with consideration of factors that are known to assist in achieving desirable learning outcomes: seating arrangements, appropriate lighting, sound control, safety and visual aids.
3. Sufficient reference materials and other needed resources are available to enhance learning.
4. Course outlines are maintained on file for at least four years and shall evidence the following:
 - a. Course title, sponsoring agency, date of presentation
 - b. Statement of need for the course.
 - c. Written statement of intended learning outcome (measurable behavioral/performance objectives).
 - d. Outline of content, time frame and instructional methodology.

- e. Evaluation process for determining degree to which learner objectives were met, instructor's proficiency, effectiveness and management of course presentation by sponsor.
- f. Instructor qualifications to present the course.
- g. Number of contact hours.
- h. Requirements for satisfactory course completion.

610-X-10-03 (9) Instructor Qualifications.

The instructor(s) shall possess qualifications appropriate to the content of the activity.

1. Educational credentials of the Instructor are appropriate to the target audience and the content.
2. Experience correlates with the discipline being taught.
3. Opportunity is given for participants in the course to evaluate instructor performance and knowledge.
4. Instructor credentials are maintained on file for the period of time that the course is provided and for four years thereafter.

ALABAMA BOARD OF NURSING
STATE OF ALABAMA
MONTGOMERY, ALABAMA 36130

Application for Initial Provider Status
Continuing Education for Nurses

Fact Sheet: Type directly on this form. Fill in all appropriate spaces.

Organization/Agency/Entity: _____

Address: _____

Administrator: _____

Contact Person: _____

Title: _____

Telephone Number of Contact Person: _____

Name of Record Keeper for Provider Files: _____

Record Keeper's Telephone Number: _____

Email Address: _____

AFFIDAVIT

I hereby authorize application for provider status for the provision of continuing education courses for nurses in accordance with the **Alabama Board of Nursing Administrative Code**. I submit that information is available to validate capability to meet and adhere to Section 610-X-10-.03, (I) Standards for Providers upon request of the Alabama Board of Nursing.

I understand that in submitting application for provider status that the unit providing continuing education for nurses is subject to audit in accordance with section 610-X-10 of the **Alabama Board of Nursing Administrative Code**.

Signature of Administrator

Sworn to and subscribed before me this the _____ day

of _____, 20 _____.

SEAL

Notary Public

ALABAMA BOARD OF NURSING
STATE OF ALABAMA
MONTGOMERY, ALABAMA 36130

ADVERTISEMENT OF CONTINUING EDUCATION ACTIVITIES FOR NURSES

AFFIDAVIT

I affirm , under penalty of perjury, that activities sponsored, presented or approved by this agency for continuing education credit or contact hours for renewal of license shall be advertised or announced. Such advertisements or announcements shall include the title, date(s), time(s), location(s), statement of purpose, and/or learner objectives, and a description or outline of content areas of the activity. Also included in the advertisements or announcements shall be a statement of the intended audience, credentials of instructors, costs and items covered by fee, refund policy, number of contact hours to be awarded, and provider status.

Further, I affirm that when a fee is to be assessed for any continuing education activity to be provided for renewal of license to practice nursing, advertisements shall be initiated only after a Board-approved provider number or a nontransferable course number has been assigned.

Agency/Organization

Signature of Administrator

Sworn to and subscribed before me this the _____ day

of _____, 20 _____.

SEAL

Notary Public

A. ORGANIZATION AND ADMINISTRATION

1. Provide a written description of your agency's organizational structure and the line and staff relations as related to the educational unit within the total organization. Attach an organizational chart.

2. Does/will your educational unit provide services other than continuing education? Yes _____ No _____
If yes, what percentage of your unit's functions are/will be directed to continuing education? _____

3. Project a budget for the continuing education unit of your agency. Include a draft of anticipated cost of (1) Manpower: administrative/management, instructional staff and support personnel (include the percentage of salaries/consultation fees directed toward continuing education), (2) Anticipated expenses for supplies, advertisement, printing, travel, memberships, classrooms, conference rooms leasing and (3) Anticipated outlay for capital equipment.

4. Provide an estimate of the expected average expenditures for one individual for one contact hour continuing education in your agency. If the programs you produce are for employees, include in your calculations the estimated hourly wage.

5. What percentage of the cost for the provision of continuing education is to be covered exclusively by your agency?

6. What percentage of the cost for the provision of the program is anticipated to be offset by revenue? _____

B. PROGRAM DIRECTOR

1. Attach a job description of the program director of the education unit. State what qualifies the director for the position.
2. If the program director is not a registered nurse, provide evidence of nursing consultation to facilitate planning, development and evaluation of continuing education in nursing. Include names of individuals and the state in which they are licensed.

C. MISSION AND OBJECTIVES

1. Submit the mission statement of your agency's education unit regarding continuing education.
2. List the education unit's objectives regarding continuing education.

D. POLICIES AND PROCEDURES

1. Attach copies of the following policies and procedures:
 - a) Process for assessing and planning for continuing education courses for nurses.
 - b) Records and reports maintenance.
 - c) Qualifications of personnel for implementation of the planned courses.
 - d) Approval process for courses presented for approval if the provider is to assume an approval function.
 - e) Evaluation plan: [610-X-10.03(5)(a)(ii. And III.)]
 - 1) For activities/courses and; 2) The evaluation plan for the education unit. The evaluation plan for the education unit should address the ways and means of measuring the outcome of objectives listed on Section C of the application.
 - f) Advertising guidelines.
 - g) Fee assessment, refund guidelines.
 - h) Classifications of courses to be provided, and numbering system to be used by the provider.
 - i) Personnel responsibilities.
 - j) System for awarding contact hours or credit.
 - k) Retention and release of records, including the disposition of records in the event of the demise of the provider.
2. Attach the evaluation plan for the education unit
[i.e. to include but not limited to the objectives listed on Section C of this application (include the elements to be evaluated, the time frame, and the individual(s) responsible for the evaluation plans)].
3. Provide one example of how you plan to advertise or announce programs/activities sponsored/provided by your agency during the period of initial approval. The advertisements must comply with the affidavit signed by your administrator dated upon initial approval.
4. Provide a plan for three (3) courses/activities to be presented in the first year of initial approval. State why you have planned to present/sponsor each of these courses. The reason should provide evidence of assessment of need.
Please feel free to adjust the plan sheet (next page) to accommodate your printing/typing devices.

PLAN FOR CONTINUING EDUCATION PROGRAM 20__

ACTIVITY/COURSE	DATE	PLACE	TARGET AUDIENCE	REASON

DUPLICATE SHEET IF NECESSARY

E. REPORTS AND RECORDS

1. When do you plan for your agency to begin offering continuing education activities?

2. How many continuing education activities do you plan to provide in the initial approval period?

3. What percentages of the nurses who are employed by your agency do you anticipate participating in your CE program? _____ Do you anticipate having nurses participate from outside your agency?
Yes ____ No ____ What Percentage? _____
4. What will be the anticipated average number of contact hours awarded by your agency per activity/course? _____
Least number of contact hours awarded per activity/course? _____ Maximum number of contact hours awarded for an activity/course? _____
5. Submit one example of an outline for a continuing education activity that you plan to present or sponsor during the first six (6) – twelve (12) months of approval. Include the following:
 - a) Statement of course title, sponsoring agency(ies), date(s), or presentations(s).
 - b) Statement of need for the course.
 - c) Written statement of intended learning outcome (measurable behavioral/performance objectives).
 - d) Outline of content and instructional methodology.
 - e) Evaluation process for determining degree to which learner objectives are met, instructor proficiency and effectiveness and management of course presentation by sponsor.
 - f) Instructor(s) qualifications to present the course.
 - g) Number of contact hours.
 - h) Requirements for satisfactory course completion.
6. Submit the evaluation form that you plan to use for evaluation of a course or activity.
7. Submit a copy of an attendance record.

F. FACILITIES & RESOURCES

1. Describe the location of your agency's Continuing Education Division/Unit and resources to be utilized to implement the CE program (office space and resources).

2. Briefly describe the location, size, seating and lighting for activity/course presentations; list any special technological resources (i.e. computer-assisted instruction, satellite conventions or independent study modules).

G. INSTRUCTIONAL STAFF

1. How do you select instructors for continuing education courses for nurses?
2. How do you verify the competence of the individuals who have been selected to present the continuing education activities?

INSTRUCTIONS FOR DEVELOPMENT OF COURSE OUTLINE APPROVAL

Under Rule 610-X-10.02 **Standards for Continuing Education.**

- (1) Acceptable content for continuing education courses shall include one or more of the following:
 - (a) Clinical technology, procedures, and nursing implications.
 - (b) Specialty areas of nursing practice.
 - (c) Nursing practices related to care of the patient, including but not limited to counseling, patient teaching, infection control, and safety factors.
 - (d) Administration, management, and supervision in health care delivery.
 - (e) Social, legal, and ethical aspects of nursing.
 - (f) Nursing education.
 - (g) Nursing research, theory, and practice issues.
 - (h) Quality improvement and management, accrediting standards, and processes.
 - (i) Liberal arts, sciences, business, and general education courses that support nursing practice.

1. The following should be developed for each course/activity sponsored by the agency:

- (1) Face Sheet
- (2) Outline of Course Content
- (3) Instructor Qualifications
- (4) Evaluation Form

2. Guidelines for Completing Outline of Course Content.

1. Objectives: List objectives in operational and behavioral terms (i.e. explain, demonstrate, discuss, identify, differentiate, compare and contrast).
2. Course Content: List contents in explicit outline form; relate to behavioral objectives
3. Time Frame: Provide a time frame for each major topic in the outline.
4. Faculty: List the name of faculty who will present each topic in the outline.
5. Teaching Methods: List the teaching modality and devices used to enhance the presentation e.g., lecture, slides, group discussions, etc.

3. Develop an evaluation form that has three components for participant to complete:

- (1) Participant Evaluation: This component should allow the participant to evaluate the degree to which he/she/should be able to evidence fulfillment of the objectives.

- (2) Instructor Evaluation: This component allows the participant to evaluate the quality of instruction (qualifications of instructor, competency of instructor presenting the program, knowledge of instructor relative to content).
- (3) Course Evaluation: The participant should evaluate the degree to which the course was what it was advertised to be, how conducive the environment was to learning and how well the program was managed (registration, organization, methods of presentation, audiovisual aids etc.).

4. Agencies must inform the participant of how a copy of the roster may be obtained in event of need. Rosters and certificates of completion must include the following:

- 1. Name and address of provider.
- 2. Title of course and nontransferable course number.
- 3. Date and location of course.
- 4. Number of contact hours earned.
- 5. Name of participant and title (RN or LPN).
- 6. Signature of authority who certifies that the participant has successfully completed requirements for the course.

ALABAMA BOARD OF NURSING
State of Alabama
Montgomery, Alabama 36130

ACTIVITY APPROVAL
FACT SHEET

Agency: _____

Address: _____

Name of Person Submitting Application: _____

Title: _____

Individual Responsible for Administering the Course: _____

_____ Title: _____

Title of Course: _____

Dates and Times of Presentation: _____

Location of Presentation: _____

Number of Contact Hours: _____

Target Audience: _____

Need for Course: _____

Method of Awarding Contact Hours: _____

Alabama Board of Nursing
STATE OF ALABAMA
MONTGOMERY, ALABAMA 36130

Instructor Qualifications
Continuing Education for License Renewal

Individuals or entities seeking individual course approval must be able to demonstrate that the instructor is qualified to present the course. Specifically, Rule 610-X-10.03 (9) Alabama Board of Nursing Administrative Code states “the instructor(s) shall possess qualifications appropriate to the content of the activity.”

INSTRUCTIONS: Provide all data requested; use only this form. Duplicate the form as needed for each instructor.

BIOGRAPHICAL DATA

Name: _____

License Number (if applicable) _____

Address: _____
(Number and Street) (City, State, Zip)

Business Address: _____
(Employer & Department)

(Number & Street) (City, State, Zip)

Telephone: _____
(Home) (Work)

Position (title and description) _____

EDUCATION:

	<u>Degree</u>	<u>Institution</u>	<u>Major</u>	<u>Year Degree Awarded</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

EXPERIENCE:

Briefly describe in the space below, the professional experience or area of expertise, which qualifies the individual as an instructor for this course. Include most recent positions, publications, and research.
